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An

Inaugural

Essay

on

Acute Hepatitis

By

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Acute hepatitis is defined by Doct Cullen  
Fever, tension and pain, either pungent  
or obtuse, of the right hypochondrium, pain  
at the clavicle and top of the right  
shoulder, the patient lying with difficulty  
on the left side; dyspnoea, a dry cough,  
vomiting and hiccups

All of these symptoms, are rarely met with  
in the same case. When the dyspnoea and  
cough are considerable for instance, there is  
generally no vomiting; and when there is fre-  
quent vomiting, the patient is seldom trou-  
bled with a great degree of dyspnoea, and  
still more rarely with a cough. It is necessary,  
however, to mention in the definition of  
hepatitis, symptoms which only occasionally  
attend, because the constant symptoms of  
this complaint are not sufficient to distinguish  
it. On this account some have ranked among





the diagnostic symptoms of hepatitis those of jaundice, but their presence is not sufficiently frequent to assist much in the diagnosis. -

Like other inflammations, hepatitis makes its attack more or less suddenly, the patient sometimes complaining of a tightness about the puerdria, accompanied with a degree of anxiety and fever, for sometime before the symptoms peculiar to the complaint shew themselves; at other times the pain in the region of the liver being among the first symptoms - in either case the accession is frequently attended with some degree of cold. The chief diagnostic symptoms of this complaint are, the seat, and kind of pain which attend it.

The acute hepatitis is almost always attended with a pain in the right hypochondrium, which is sometimes shooting, accompanied with a sense of tension in the part; in some cases it

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is constant and severe, in others deep seated and obtuse. - The pain, however, is not confined to the region of the liver; it extends to the breast, clavicle and shoulder of the right side, and in the first is often more acute than in the seat of the disease. The pain of the hypochondrium is increased on pressure, especially when the position of the body is such as to relax the abdominal muscles -

Practitioners have been at some pains to determine what part of the liver is affected in different cases of hepatitis. When the pain extends to the clavicle and chest, the convex point has been found most frequently affected when it is much increased on pressure, the interior part of the liver is the chief seat of the disease. When the pain extends chiefly to the region of the stomach, and is not much increased on pressure of the right

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hypochondrium, there is then reason to believe that the inflammation chiefly occupies the concave part, in which case the pain sometimes extends to the abdominal muscles, the complaint has been mistaken for an inflammation of them.

In this, as in other visceral inflammations, the kind of pain has been supposed to point out whether the membrane or parenchyma is the seat of this disease; in the former case the pain being acute, in the latter obtuse. This observation, however, is not to be depended upon. It has been observed by some, that when pain of the shoulder attends hepatitis, its seat generally corresponds with the part of the liver most affected, being anterior or posterior, according as the anterior or posterior parts of the liver are the seats of the disease. When inflammation at-

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attacks the left lobe, the pain is often in the left shoulder. Others say that it is sometimes in both scapula, and now and then felt in the left side under the lower false ribs. It is generally most severe, when the patient lies on the left side; sometimes though rarely, when on the right side; in many cases he finds himself easiest on the back, with the head low.

The pain of the side, as well as the shoulder is often increased during inspiration, which is impeded by it. as might be supposed, it is most so when the parts nearest the diaphragm are inflamed; it is in these cases too, that the cough which accompanies this complaint is most severe, and that hiccups most frequently supervenes.

The cough is generally short, dry, and frequent, and the hiccups which is never a favourable symptom, is sometimes so violent

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that <sup>it</sup> materially interrupts respiration. When hepatitis is attended with cough and a difficulty of breathing it may be easily mistaken for pneumonia; dissections have proved this to have happened frequently. When the convex surface of the liver is much inflamed the inflammation sometimes, actually spreads to the diaphragm and even to the lungs. In inflammation of this part of the liver the external swelling is often considerable, but the inflammation is seldom communicated to the skin. When the concave part is affected the stomach partakes of the disorder as much as the lungs do in the former case, the nausea and vomiting being more urgent than in the other forms of hepatitis, and here the cough and dyspnoea are either wanting or present in a much less degree. In most instances the secretion of bile is increased?

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and it sometimes happens, that its flow into  
the intestines is prevented generally, perhaps  
by a contraction of the duct. The skin, white  
of the eyes, and urine are then tinged with  
yellow as in jaundice.

Inflammation of this part of the liver  
also is generally attended with the same an-  
xiety and debility, though perhaps generally  
in a less degree, which attends gastritis,  
from which it is often difficult to distinguish  
it. The truth is, that although there are  
many cases of pneumonia, gastritis, and  
hepatitis, in which the characteristic  
symptoms of each being distinct, there  
can be no doubt respecting the seat of  
the disease, yet, from <sup>the</sup> vicinity of the  
lungs, liver, and stomach, the sympathy  
of these parts, the difficulty with which the  
precise seat of internal pains is ascertained.

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above all, the tendency of inflammation to spread to neighbouring parts, these complaints are sometimes confounded by the most obscuring—The pulse, when the concave part of the liver is affected, is often small and feeble; in other cases it is ~~some~~ strong; in all, hard.—The urine whether tinged with bile or not, is generally high coloured, the heat and thirst considerable, the mouth dry, and the tongue covered with a white yellowish crust, which in the progress of the disease often assumes a dark or even a black colour. The strength is necessarily constant watching; and delirium sometimes, though not frequently, supervenes.—In some cases the bowels are costive, in others a diarrhoea comes on, with griping pains, and bilious stools. The tendency to resolution, as of other

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similar complaints, is known by the general  
mildness of the symptoms, and their yielding  
to the proper remedies, particularly by  
there being little dyspnoea, cough, hiccup,  
vomiting, oppression or debility.  
As in other febrile diseases there are  
certain symptoms which frequently at-  
tend the favourable termination of hepatitis,  
and among these are hemorrhages, par-  
ticularly those from the nose and hemo-  
rrhoidal vessels. Hepatitis is sometimes ter-  
minated by sweat. An increased secretion  
of mucus from the lungs is also to be  
ranked among the crisis of this complaint.  
A copious discharge of high coloured urine  
depositing a red or whitish sediment is  
also a favourable symptom, particularly  
if it appears in the early stages of the  
disease. When hepatitis is terminated

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by resolution, <sup>usually</sup> is generally within four or five days; and if it last to the seventh or ninth day, it often terminates in suppuration. Resolution is the only termination of hepatitis which can be regarded as favourable, although suppuration is upon the whole, less fatal here than in most other visceral inflammations. There are few of the viscera in which inflammation is more apt to run to suppuration than the liver.

As soon as suppuration takes place, the pain ceases, and there is generally a sense of weight and pulsation in the region of the liver, the former being increased by lying on the left side. There is also in this stage of the disease frequent shiverings, at length hectic fever. In many cases there is an evident tumour

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and fluctuation may be readily felt. The danger from suppuration in hepatitis depends much upon the seat of the abscess. Hepatitis, though very rarely, sometimes terminates in gangrene, and the tendency to it is known by an unusual violence of the symptoms, rapidly increasing, and not yielding to the proper remedies. When gangrene has actually supervened, the inflammatory symptoms subside suddenly, cold sweats supervening, and the pulse becoming weak and fluttering, with constant sickness and cold extremities.

### Causes

Hepatitis is more frequent in the warm than in the cold or temperate climates - It is more apt to attack those of a choleric and melan-  
cholic temperament, and it has been re-

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malaria that adults are ~~are~~ more subject to  
 than those under puberty. Among the  
 most frequent causes of hepatitis may be  
 ranked contusions, especially such as ac-  
 casion a fracture of the cranium. Blows  
 or contusions on other parts of the loins,  
 however often excite this disease. Violent  
 passions of the mind, particularly ~~among~~ the  
 depressing passions, are to be ranked  
 among the causes of hepatitis. The constant  
 application of a great degree of heat in  
 any form, especially the rays of a vertical  
 sun on the head, is a frequent cause of  
 hepatitis. The concretions which are fre-  
 quently formed in the gall bladder and  
 ducts, may be mentioned among the  
 causes of hepatitis. Like other inflammatory  
 diseases it often arises from the suppression of  
 some habitual <sup>discharge</sup>, particularly from that of the hemorrhoids

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## Treatment

The treatment of hepatitis so nearly resembles that of other inflammatory diseases, that <sup>will</sup> it not be necessary to speak of it at length. Blood letting should be early resorted to, and its extent adapted to the greater or less violence of the inflammatory symptoms, always bearing in mind the great tendency of this disease to suppuration. When the pulse is hard and the pain urgent, blood letting may be had recourse to at any period of the disease without regard to the day. Cathartics are employed with great advantage in hepatitis, saline cathartics largely diluted, have been greatly recommended in this disease, but mercurial cathartics seem better adapted to this disease than any others. The local remedies and the mode of employing them, are the same as in other visceral inflammation. Blesters should be had recourse to as soon





as the high action of the blood vessels is sufficiently reduced to insure their beneficial effects. local bloodletting when the strength is too much reduced to admit of general bleeding. by means of cupping glasses or leeches may be resorted to and these too, may be used with great advantage in the early stage of this disease.

